

Safety, Oversight & Quality Unit Petition for Reconsideration

(Required Form)

Petitioner name: _____
Facility name: _____ Report #: _____
Petitioner address: _____
City/State/ZIP code: _____
Petitioner phone #: _____

I hereby request reconsideration of the Final Order issued by the Department of Human Services in the above case. I understand that I must be a person adversely affected or aggrieved by the Final Order to request reconsideration. I am a person directly affected or aggrieved by the Final Order because: *(Choose one below.)*

I have suffered an injury to a substantial interest because of the Final Order.

Please identify your substantial interest and how that interest has been injured by the Department's Final Order. *(Use attachment if necessary.)*

I am legally affected or have a legal interest that is affected by the Final Order.

Please identify your legal interest and how you or your legal interest have been affected by the Department's Final Order. *(Use attachment if necessary.)*

I am seeking to further an interest that the legislature expressly wished to be considered.

Please identify the interest you are seeking to further and the specific Oregon law that identifies the interest the Oregon Legislature wished to be considered and explain how the Department's Final Order failed to consider that interest. (*Use attachment if necessary.*)

Signature

Date

Please mail to: Oregon Department of Human Services, Safety, Oversight and Quality Unit, PO Box 14530, Salem, OR 97309

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (*but are not limited to*) large print, Braille, audio recordings, Web-based communications and other electronic formats. Email dhsalt@state.or.us or call 503-378-3486 (voice) to arrange for the alternative format that will work best for you.